



Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • MS-96

Austin, TX 78744-1645

(800) 372-7713 phone • (512) 804-4346 fax

Self-Insured Governmental Entity Coverage Information

I. Governmental Entity Information	
1. Governmental Entity Name	2. Self-Insurance Effective Dates (mm/dd/yyyy) From: _____ To: _____
3. Federal Tax ID No. (FEIN)	4. Workers' Compensation Point of Contact
5. Point of Contact Phone Number	6. Point of Contact E-mail Address
7. Business Mailing Address (Street or PO Box, City, State, Zip Code)	
8. Is the governmental entity a member of a pool/group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete Section II.	
9. Is the governmental entity a political subdivision that provides medical benefits pursuant to and in the manner described by §504.053(b)(2) of the Labor Code, relating to directly contracting with health care providers or contracting through a health benefits pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete Section III.	

II. Self-Insurance Pool/Group Information (complete only if Yes is checked in Box 8)	
10. Self-Insurance Pool/Group Name	11. Effective Dates (mm/dd/yyyy) From: _____ To: _____
12. Federal Tax ID No. (FEIN)	13. Workers' Compensation Point of Contact
14. Point of Contact Phone Number	15. Point of Contact E-mail Address

III. Medical Benefits Plan Information (complete only if Yes is checked in Box 9)	
16. Health Plan Name/Address	
17. Effective Dates, as applicable (mm/dd/yyyy) From: _____ To: _____	18. Health Plan Point of Contact
19. Point of Contact Phone Number	20. Point of Contact E-mail Address

IV. Signature / Date			
21. Signature of Governmental Entity Representative		For TDI-DWC Use Only	
22. Printed Name			
23. Title	24. Date of Signature (mm/dd/yyyy)		

Frequently Asked Questions Self-Insured Governmental Entity Coverage Information (DWC Form-020SI)

Under what circumstances am I required to file a DWC Form-20SI?

You must file a DWC Form-020SI:

- within 10 days after the effective date of self-insurance coverage and annually thereafter no later than 10 days after the anniversary date of coverage;
- within 30 days after the date the political subdivision begins to provide medical benefits in accordance with Texas Labor Code §504.053(b)(2);
- within 30 days of any change in the manner the political subdivision provides medical benefits;
- upon joining, leaving, or changing pools or groups; and
- upon buying a workers' compensation insurance policy.

Failure to file the form may subject the self-insured governmental entity to administrative penalties.

Are any fields on the DWC Form-020SI optional?

No, all applicable fields must be completed each time the DWC Form-020SI is filed.

Where do I file the DWC Form-020SI?

Fax the DWC Form-020SI to the Texas Department of Insurance, Division of Workers' Compensation at (512) 804-4346 or mail it to the following address:

Texas Department of Insurance
Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • MS 96
Austin, Texas 78744-1645

NOTE: With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).